

DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS FOR TREATING SECONDARY TISSUE
DAMAGE AND OTHER INFLAMMATORY CONDITIONS AND DISORDERS**

the specification of which (check one)

- () is attached hereto.
 (X) was filed by an authorized person on my behalf on
July 22, 1999 as Application Serial No. 09/.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below and so identified, or §365(a) of any PCT international application that designated at least one country other than the United States of America, listed below, and I have also identified below any foreign application for patent or inventor's certificate or PCT international application on this invention filed by us or our legal representatives or assigns and having a filing date before that of the application on which priority is claimed.

<u>Number</u>	<u>Country</u>	<u>Day/Month/Year Filed</u>	Priority Claimed (Yes or No)
N/A			

I hereby claim benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>Application Serial No.</u>	<u>Filing Date</u>
Attorney Dkt. No. 25020-601 (formerly 09/09/120,523)	July 22, 1998

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
N/A		

<u>PCT Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
Attorney Dkt. No. 25020-601PC	July 21, 1999	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to Stephanie Seidman, Heller Ehrman White & McAuliffe, 4250 Executive Square, 7th Floor, La Jolla, CA 92037:

<u>Attorney</u>	<u>Reg. No.</u>
Stephanie Seidman	33,779
Paula K. Schoeneck	39,362
Dale L. Rieger	43,045
Peng Chen	43,543
Gary Silverstein	39,372

and other members of the firm.

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Full name of joint inventor:

John R. McDonald

Inventor's signature:

Date:

Residence:

Post Office Address:

Citizenship:

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60 Governor Drive SW

Calgary, Alberta, Canada T3E 4Y9

Great Britain

Full name of joint inventor:

Philip J. Coggins

Inventor's signature:

Date:

Residence:

Post Office Address:

Citizenship:

Calgary, Alberta, Canada

4211, 5A Street SW

Calgary, Alberta, Canada T2S 2G8

Canada

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: McDonald et al.

Serial No.: To be assigned

Filed: July 22, 1999

For: **METHODS AND COMPOSITIONS FOR TREATING SECONDARY TISSUE DAMAGE AND
OTHER INFLAMMATORY CONDITIONS AND DISORDERS**

**VERIFIED STATEMENT (DECLARATION) CLAIMING
SMALL ENTITY STATUS (37 C.F.R. §§1.9(f)
and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- () the owner of the small business concern identified below:
(X) an official of the small business concern empowered to act on behalf of the concern
identified below:

NAME OF CONCERN OSPREY PHARMACEUTICALS LIMITED
ADDRESS OF CONCERN 3400 Petro-Canada Centre, 150 - 6th Avenue SW
Calgary, Alberta, Canada T2P 3Y7

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §121.3-18 and reproduced in 37 C.F.R. §1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "METHODS AND COMPOSITIONS FOR TREATING SECONDARY TISSUE DAMAGE AND OTHER INFLAMMATORY CONDITIONS AND DISORDERS" by inventors John R. McDonald and Philip J. Coggins

- () the specification filed herewith
(X) application Serial No. _____, filed July 22, 1999
() Patent No. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. § 1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 C.F.R. § 1.27).

Full Name _____
 Address _____
 () Individual () Small Business Concern () Nonprofit Organization

Full Name _____
 Address _____
 () Individual () Small Business Concern () Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. § 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING _____
 TITLE OF PERSON OTHER THAN OWNER _____
 ADDRESS OF PERSON SIGNING _____
 SIGNATURE _____
 DATE _____